		eck one box only as directed in this form and in Form						
Debtor 1	Bertram Joseph Elliott		122	A-1Supp:				
Debtor 2	Charlotte Jean Elliott			■ 1. There is	no presi	umption	of abuse	ASTLANCO DA PILO POLITO DE PORTO DE POR
(Spouse, if filing)					Ť	•	ine if a presumpt	ion of abuse
United States I	Bankruptcy Court for the: Middle District of Pe	ennsylvania	Land or contributions	applies	will be m	nade und	ler <i>Chapter 7 Me</i> n 122A-2).	
Case number (if known)	1:19-bk-03514		[t apply now beca but it could apply	
								later.
			Ì	Check if	this is a	n amen	ded filing	
<u>Official F</u>	orm 122A - 1							
Chapter	7 Statement of Your Curi	rent Mon	thly Inc	ome				04/20
attach a separate case number (if qualifying milita	and accurate as possible. If two married people ar e sheet to this form. Include the line number to wh known). If you believe that you are exempted from ry service, complete and file Statement of Exempte alculate Your Current Monthly Income	ich the addition	al information a of abuse becau:	pplies. On the se vou do not	e top of ar have prin	ny addition	onai pages, write y nsumer debts or b	ecause of
1. What is y	our marital and filing status? Check one only	y.						
☐ Not m	arried. Fill out Column A, lines 2-11.							
Marrie	ed and your spouse is filing with you. Fill out	both Columns	A and B, lines	2-11.				
	ed and your spouse is NOT filing with you. Y							
	ing in the same household and are not legal							
pe: livi	ing separately or are legally separated. Fill o nalty of perjury that you and your spouse are le ng apart for reasons that do not include evading	gally separated g the Means Te	under nonban st requirement	kruptcy law t s. 11 U.S.C §	hat appli 707(b)(7	es or tha 7)(B).	t you and your sp	oouse are
101(10A). Fo	erage monthly income that you received from all s r example, if you are filing on September 15, the 6-mo, add the income for all 6 months and divide the total b the same rental property, put the income from that pr	onth period would by 6. Fill in the res	be March 1 throught. Do not include	igh August 31. de anv income	. If the amount m	ount of you	ur montniy income once. For example,	if both
	10, 24(y) to a 2.2 (1.00 feet of 2.00 feet o		,	Column A Debtor 1		Colun Debto	34 (54) 4 (4)	and the control of th
payroll de	ess wages, salary, tips, bonuses, overtime, a eductions).			\$	0.00	\$	4,968.44	
Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.			\$	0.00	\$	0.00		
of you of from an u and room	ints from any source which are regularly pair your dependents, including child support. Inmarried partner, members of your household, Inmates. Include regular contributions from a sponsor of the payments you listed on line 3.	include regular , your depender	contributions nts, parents,	\$	0.00	\$	0.00	
1	me from operating a business, profession, o	or farm				AND THE PERSON		
			tor 1					
Gross re	ceipts (before all deductions)	\$ 0.00						
	and necessary operating expenses	-\$ 0.00	Camus have a	•	0.00	\$	0.00	
	thly income from a business, profession, or farm	n\$ <u>0.00</u>	Copy here ->	, ф	0.00	Ф	0.00	
6. Net inco	me from rental and other real property	Deh	otor 1					
Grace	ceipts (before all deductions)	\$ 0.00	•					
i	and necessary operating expenses	-\$ 0.00						
1	thly income from rental or other real property	\$ 0.00	Copy here ->	• \$	0.00	\$	0.00	

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

Best Case Bankruptcy

0.00

7. Interest, dividends, and royalties

\$

0.00

				Column A Debtor 1		Column B Debtor 2 or non-filing s	
8 Une	mployment compensation			\$	0.00	\$	0.00
Do n	ot enter the amount if you contend that the amo	unt received was a bene	efit under			***************************************	age day and an analysis of the Committee
	Social Security Act. Instead, list it here: or you	s n	.00				
	or your spouse	•	.00				
	sion or retirement income. Do not include any	amount received that wa					
bene not ii Unite disal pay i does	ifit under the Social Security Act. Also, except as include any compensation, pension, pay, annuity as States Government in connection with a disal bility, or death of a member of the uniformed seroald under chapter 61 of title 10, then include the not exceed the amount of retired pay to which is includer any provision of title 10 other than ch	s stated in the next senter, or allowance paid by the bility, combat-related injuvices. If you received an at pay only to the extent you would otherwise be	ence, do ne ury or ny retired that it	\$	0.00	\$	0.00
Do n unde unde coro crime com Gove deat	me from all other sources not listed above. of include any benefits received under the Societ the Federal law relating to the national emergent the National Emergencies Act (50 U.S.C. 160 navirus disease 2019 (COVID-19); payments repensation pension, pay, annuity, or allowance pernment in connection with a disability, combath of a member of the uniformed services. If necestate page and put the total below.	al Security Act; payment ency declared by the Pre 1 et seq.) with respect to ceived as a victim of a w domestic terrorism; or baid by the United States related injury or disability	s made esident the var y, or				
	•			\$	0.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00
11. Calc each	culate your total current monthly income. Add a column. Then add the total for Column A to the	d lines 2 through 10 for total for Column B.	\$	0.00	+ \$	4,968.44	= \$ 4,968.44
Part 2:	Determine Whether the Means Test Applie						Total current monthly income
	culate your current monthly income for the year						
12a.	Copy your total current monthly income from lin	ne 11	*************	Сору	line 11	nere=>	\$ 4,968.44
	Multiply by 12 (the number of months in a year)					x 12
12b.	The result is your annual income for this part of	f the form				12b	59,621.28
13. Calc	culate the median family income that applies	to you. Follow these ste	eps:				<u> </u>
Fill i	n the state in which you live.	PA					
Fill i	n the number of people in your household.	3					
To f	n the median family income for your state and s ind a list of applicable median income amounts, his form. This list may also be available at the b	go online using the link	specified	in the separa	te instru	13. ctions	\$82,518.00
14. Hov	v do the lines compare?						
14a	Line 12b is less than or equal to line 13 Go to Part 3. Do NOT fill out or file Offi		check box	x 1, There is n	o presur	mption of abus	se.
14b	14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2.						
Part 3:	Sign Below						
	By signing here, I declare under penalty of per	jury that the information	on this st	tatement and i	in any at	tachments is t	rue and correct.
	X	X					
	orm 122A-1 Chapter	7 Statement of Your Co	urrent Mo	onthly Incom	е		page 2

Software Copyright (c) 1996-2021 Best Case, LLC - www.bestcase.com

Debtor 1 Debtor 2	Bertram Joseph Elliott Charlotte Jean Elliott	Case number (if known) 1:19-bk-03514				
	Bertram Joseph Elliott Signature of Debtor 1	Charlotte Jean Elliott Signature of Debtor 2				
Da	ate Date	9				
	MM / DD / YYYY	MM / DD / YYYY				
	If you checked line 14a, do NOT fill out or file Form 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and file it with this form.					

Desc